Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax: 877-738-4395

Date notice sent to all parties: 06/21/16

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior lumbar interbody fusion at L5-S1

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified in Orthopedic Surgery
Diplomate of the American Board of Orthopedic Surgery
Fellow of the American Academy of Orthopedic Surgeons
Fellow of the American Association of Orthopedic Surgeons

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Anterior lumbar interbody fusion at L5-S1 – Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:
XX examined the claimant on XX/XX/XX. She stated that XX, knocking her down and injuring her low back and left hip. She had left lower extremity numbness, tingling, and weakness. She noted the X were 80 pounds that hit her and she had radiating pain. She had a normal gait on exam and appeared anxious. She had decreased lumbar range of motion due to pain and bilateral muscle spasms.

Her sensation and reflexes were normal in the lower extremities, but muscle strength was slightly decreased on the left. The diagnoses were unspecified injuries to the low back and left hip. Therapy was recommended and Naprosyn and Flexeril were prescribed. The claimant attended therapy from XX/XX/XX through XX/XX/XX. A lumbar MRI was obtained on XX/XX/XX and there was an acute disc extrusion at L5-S1 with a larger right sided component. There was 25% spinal canal stenosis at L4-L5 and L3-L4 from disc bulging and ligamentum flavum hypertrophy. XX examined the claimant on XX/X/XX. She noted the manager put down the XX. Her back was turned to the chute and packages flew in and took her legs out from under her. She fell directly on her back half on the floor, half on the rollers of the chute. She had been a smoker for 21 years and was 5 feet 6 inches tall and weighed 143 pounds. She had no lumbar tenderness or spasms. Her gait was normal and she could walk on her toes and heels. Range of motion was normal and strength was 5/5 in the lower extremities. Reflexes were 2+ bilaterally and straight leg raising was negative in the seated position. Sensation was intact, but in the supine position straight leg raising was positive on the right at 60 degrees and on the left at 75 degrees. The MRI was reviewed and the assessments were lumbar spinal stenosis and lumbar intervertebral disc displacement. A microdiscectomy of L5-S1 was recommended, but an ESI at L5-S1 would be done first. The claimant was discharged from therapy on XX/XX/XX, as additional sessions were not authorized. The claimant returned to XX on XX/XX/XX. She still had radiating pain, numbness, and tingling in the left lower extremity. She noted her left ankle fell asleep. Sensation was normal and muscle strength was improved. Naprosyn and Robaxin were refilled. XX examined the claimant on XX/XX/XX. The MRI was reviewed. Flexion was 90 degrees, extension was 10 degrees, and straight leg raising was positive at 60 degrees on the right and negative on the left. She had moderate numbness and dysesthesias in the L5 distribution on the right. A lumbar ESI was recommended at L5-S1 on the right and Neurontin, Hydrocodone, and Diclofenac were prescribed. XX performed a right L5-S1 ESI on XX/XX/XX. On XX/XX/XX, the carrier filed a DWC

PLN-1 noting the compensable injury was limited to a lumbar sprain/strain and left hip sprain/strain. On XX/XX/XX, the claimant informed XX she received 80% improvement in her symptoms following the ESI. A work hardening program was recommended. XX examined the claimant on XX/XX/XX for a third opinion. She had numbness and tingling in the left leg all the way to the lateral aspect of her toes. She also had this on the right and irritation in the left hip. She had severe low back pain, as well. The MRI was noted. XX noted multiple opinions had been given on the claimant, including needing microdiscectomy at L5-S1 to the L5-S1 disc herniation being preexisting. The claimant noted she was worsening and was on Gabapentin, Cyclobenzaprine, Norco, Methocarbamol, Lidocaine patch, Lisinopril, and Nexium. She had palpable lumbar spasms and no atrophy was noted. Lumbar range of motion was limited in all planes due to pain. She had difficulty with heel walking and straight leg raising was negative bilaterally. Reflexes were 2+ throughout, except for the Achilles' at 1+. Strength was 5/5. XX felt the claimant had radiculopathy of the lumbar spine in the S1 distribution bilaterally. Anterior lumbar discectomy with decompression of the spinal canal and fusion were recommended. On XX/XX/XX, a notice of non-authorization was provided for the requested ALIF at L5-S1. On XX/XX/XX, XX noted the effects of the previous ESI were wearing off and she wanted another. An EMG/NCV study was recommended and Norco and pain patches were refilled. On XX/XX/XX, another non-authorization was provided for the requested ALIF at L5-S1. XX performed a DDE on XX/XX/XX. Sensation was normal, straight leg raising was normal, and reflexes were normal in the bilateral lower extremities. She had tenderness at L4-S1, but strength was 3/5. XX felt the acute disc extrusion at L5-S1 with a large right sided component, 25% spinal canal stenosis at L4-L5 and L3-L4 from bulging, and ligamentum flavum hypertrophy were related to the original injury. It was felt the claimant was not at MMI. An EMG/NCV study on XX/XX/XX revealed evidence for right sided L5 radiculopathy and possibly right S1 radiculopathy. There was also evidence for a right sided lower extremity sensory neuropathy, which was felt to likely be secondary to the previously mentioned radiculopathy. XX performed a left L5-S1 ESI on XX/XX/XX. On XX/XX/XX, the claimant informed XX that the ESI worsened her condition and she was to follow-up with XX and XX.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The claimant is a XX-year-old female who reported a work-related injury, which occurred on XX/XX/XX. The mechanism of injury was being XX, injuring her lower back and left hip. The claimant was noted to have a previous work injury in XXXX to her left ankle and left hip. The initial medical evaluation available for review was dated XX/XX/XX, almost two and a half months after the alleged injury. Physical examination by XX on that date demonstrated normal deep tendon reflexes, normal sensation, and negative straight leg raise, with a slight decreased in unspecified muscle strength. Plain x-rays of the lumbar spine and

left hip were reported as negative. It should be noted that she had worked for this employer approximately six months prior to injury, according to XX evaluation dated XX/XX/XX. She also reported a similar history of back problems to him previously. A lumbar MRI scan performed on XX/XX/XX was interpreted as showing an acute disc extrusion at L5-S1 with a larger right-sided component and 25 percent spinal canal stenosis at L4-L5 and L3-L4 and somewhat bulging hypertrophic ligamentum flavum. XX recommended a lumbar epidural steroid injection and a microdiscectomy at L5-S1. The claimant has subsequently undergone at least two lumbar ESIs by XX. She was then evaluated by XX on XX/XX/XX for another opinion. XX noted that a previous peer review felt that the disc herniation was preexisting and there was no surgery indicated. XX recommended an anterior lumbar interbody fusion at L5-S1. XX non-certified the request on initial review on XX/XX/XX. He noted that there were contrasting opinions regarding what surgery was indicated. His denial was upheld on reconsideration/appeal by XX XX/X/XX. Both reviewers attempted a peer-to-peer with XX without success. Both reviewers cited the Official Disability Guidelines (ODG) criteria as the basis of their opinions.

The selection criteria for lumbar spinal fusion, as recommended by the ODG, include the following: A) Recommended as an option for the following conditions with ongoing symptoms, corroborating physical findings, and imaging after failure non-operative treatment (unless contraindicated, i.e., acute traumatic unstable fracture, dislocation, spinal cord injury) subject to criteria below: 1) Spondylolisthesis, isthmic or degenerative, with at least one of these: a) Instability, and/or b) symptomatic radiculopathy, and/or c) symptomatic spinal stenosis. 2) Disc herniation with symptomatic radiculopathy undergoing a third decompression at the same level. 3) Revision of pseudoarthrosis (single revision attempt). 4) Unstable fracture. 5) Dislocation. 6) Acute spinal cord injury with posttraumatic instability. 7) Spinal infections with resultant instability. 8) Scoliosis with progressive pain, cardiopulmonary, or neurological symptoms and structural deformity. 9) Scheuermann kyphosis. 10) Tumors. B) Not recommended in Workers' Compensation patients for the following conditions: 1) Degenerative disc disease. 2) Disc herniation. 3) Spinal stenosis without degenerative spondylolisthesis of instability. 4) Nonspecific low back pain. C) Instability criteria: Segmental instability (objectively demonstrable), excessive motion as in isthmic or degenerative spondylolisthesis, surgically-induced segmental instability, and mechanical intervertebral collapse of the motion segment, and advanced degenerative changes after surgical discectomy with relative angular motion greater than 15 degrees L1-L2 through L3-L4, 20 degrees at L4-L5, 25 degrees at L5-S1. Spinal instability criteria include lumbar intersegmental translational movement of more than 4.5 mm (Anderson 2000) (Luers 2007) (Rondinelli 2008). D) After failure of two discectomies on the same disc, fusion may be an option at the time of the third discectomy, which should also meet the Official Disability Guidelines criteria for discectomy. E) Revision surgery for failed previous fusion at the same level, if there are ongoing symptoms and functional limitations that may have not responded to nonoperative care. There is imaging confirmation of

pseudoarthrosis and/or hardware breakage/malposition and significant functional gains reasonably expected. Revision surgery for the purpose of pain relief must be approached with extreme caution due to less than 50 percent success rate reported in medical literature. Workers' Compensation and opioid use may be associated with failure to achieve minimally clinically important difference after revision for pseudoarthrosis (Djurasovic 2001). There is low probability of significant clinical improvement from a second revision at the same fusion level, and therefore multiple revision surgeries at the same level are not supported. F) Preoperative clinical indication for spinal fusion should include all of the following: 1) All physical medicine and manual therapy interventions are completed with documentation of reasonable patient participation with rehabilitation efforts, including skilled therapy visits and performance of home exercise program during and after formal therapy. Physical medicine and manual therapy interventions should include cognitive behavioral advice (ordinary activities are not harmful to the back, patient should remain active, etc.). 2) X-rays demonstrating spinal instability and/or myelogram, CT myelogram, or MRI scan demonstrating nerve root impingement correlated with symptoms and exam findings. 3) Spine fusion to be performed at one or two levels. 4) Psychosocial screen with confounding issues addressed. The evaluating mental health professional should document the presence and/or absence of identified psychological barriers that are known to preclude postoperative recovery. 5) For any potential fusion surgery, it is recommended that the claimant refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing (Colorado 2001) (Blue Cross/Blue Shield 2002). 6) There should be documentation that the surgeon has discussed potential alternatives, benefits, and risks of fusion with the claimant. 7) For average hospital length of stay after criteria are met, see hospital length of stay.

There is no demonstrable evidence of instability documented in the reviewed medical records. In addition, there is no evidence of psychosocial screen with confounding variables addressed. The requested anterior lumbar interbody fusion at L5-S1 does not meet the criteria as outlined by the evidence based ODG and is not medically necessary, reasonable, related, or supported by the evidence based ODG. Therefore, the previous adverse determinations should be upheld at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- X **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**